
Referral Letter to Hospital

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Hospital Administrator's Name]

[Hospital Name]

[Address]

[City, State, Zip Code]

Dear [Hospital Administrator's Name],

I am writing to refer [Patient's Name], a [age] year old [male/female], to your hospital for further evaluation and treatment of [specific medical condition]. [Patient's Name] has been experiencing [symptoms] for [duration] and requires specialized care that your facility can provide.

Patient Information:

- Name: _____
- Age: _____
- Medical Condition: _____
- Relevant Medical History: _____

Summary of Care to Date:

- **Initial Diagnosis:** _____
- **Treatments Administered:** _____
- **Response to Treatments:** _____

Reason for Referral:

Attached Documents:

- **Medical History**
- **Test Results**
- **Treatment Records**
- **Referral Form**

Please schedule [Patient's Name] for an appointment at your earliest convenience. Feel free to contact me if you need any additional information or if there are any specific protocols to follow before the referral.

Thank you for your cooperation and assistance.

Sincerely,

[Your Name]

[Your Title]